



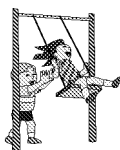


I Tried Something New!

Name _____

Directions

- Each time you try a different fruit, vegetable or physical activity, write its name and a drawing of the food or activity in the box for that day. Or, put a sticker in the box.
- Ask an adult to help you answer the questions.
- At the end of the Challenge, give your completed log to _____

	Monday	Tuesday	Wednesday	Thursday	Friday
 Fruit					
 Vegetable					
 Physical Activity					

On how many days did you try a new fruit?

On how many days did you try a new vegetable?

On how many days did you try a new physical activity?

What was hard about the Challenge?.....

.....

What did you like about the Challenge?

.....

1. What is your name? _____
2. How old are you? _____
3. Use the chart below to find out how many servings of fruits and vegetables you need every day.

Recommended Daily Servings	Fruits	Veggies	Total
Children 2-6 years old Inactive women Older adults	2	3	5
Children 6 years and older Teen girls Most women	3	4	7
Teen boys Most men	4	5	9



Get Fit With 5 Log

How many servings of fruits
and vegetables do you need
every day? _____

4. Directions:

Fill in one ○ each time you eat a serving of fruit or vegetable. Draw in more ○, if needed.

Fill in one _____ each time you do 5 minutes of physical activity.

	Monday	Tuesday	Wednesday	Thursday	Friday
Servings of Fruits and Vegetables	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
Minutes of Physical Activity					

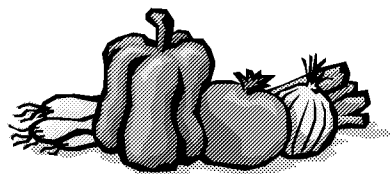
5. On how many days did you eat 5 or more servings of fruit or vegetables?
6. On how many days did you do at least 30 minutes of physical activity?
7. What was hard about the Challenge?
.....
8. What did you like about the Challenge?.....
.....
9. Give this log to.....

5 A Day Log



Directions

- Use the top line to tally each serving of fruit or vegetable you eat.
- Record your physical activity minutes on the second line.
- Give your completed log to _____



5 A Day Serving Sizes

- 1 medium piece of fruit
- 1/4 cup dried fruit
- 1/2 cup chopped fruit, berries, raw or cooked vegetables, cooked beans or cooked dried peas
- 1 cup leafy vegetables
- 6 ounces of 100% fruit or vegetable juice

Week	S	M	T	W	T	F	S	Totals
1								
2								
3								
4								
5								

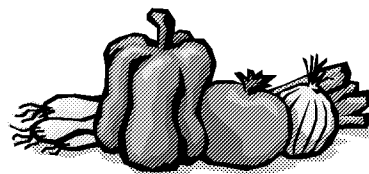
- The 5 A Day Program encourages Americans two years and older to eat 5 to 9 servings of fruits/vegetables every day.
- The Surgeon General recommends that all people two years and older accumulate at least 30 minutes of endurance-type physical activity of at least moderate intensity on most – preferably all – days of the week.

5 A Day Log



Directions

- Use the top line to tally each serving of fruit or vegetable you eat.
- Record your physical activity minutes on the second line.
- Give your completed log to _____



5 A Day Serving Sizes

- 1 medium piece of fruit
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- 1/2 cup chopped fruit, berries, raw or cooked vegetables, cooked beans or cooked dried peas
- 1 cup leafy vegetables
- 6 ounces of 100% fruit or vegetable juice

Week	S	M	T	W	T	F	S	Totals
1								
2								
3								
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5 A Day Log



Directions

- Record each serving of fruit or vegetable you eat on the top line for the week.
- Record your physical activity minutes on the second line.
- Give your completed log to _____

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	S	M	T	W	T	F	S	Totals
1								
2								
3								
4								
5								
6								
7								
8								

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Personal Log for the Get Fit With 5 Challenge

Week: Sunday - Saturday		Incentive	When to Pick Up Incentive	Fruits & Vegetables		Physical Activity	
				Servings/Day	# of Days	Minutes/Day	# of Days
1	April 9 – 15	5 A Day Water Bottle	April 17 * 11 AM – 1 PM	5 - 9	5	NA	NA
2	April 16 – 22	One Seedie (fruit and vegetable beanie babies)	April 24 * 11 AM – 1 PM	5 - 9	5	15	5
3	April 23 - 29	Lunch Bag	May 1 * 11 AM – 1 PM	5 - 9	5	30	5

Instructions

Answer **all** the questions on this form.
Sign and date this form.
Save a copy until you receive your incentive.
Bring this form with you to claim your incentive. We will keep your form.

Where to pick-up your incentives

* If you are unable to pick-up your incentive, fax this form to _____ on the pick-up date and we will messenger mail your incentive.

For more information, call

NOTE: all physical activity counts.
For example, during Week 3, you could take three 10-minute walks.

5 A Day Serving Sizes

1 medium piece of fruit
1/4 cup dried fruit
1/2 cup chopped fruit, berries, raw or cooked vegetables, cooked beans or peas
1 cup leafy vegetables
6 ounces of 100% fruit or vegetable juice



Please Print

Circle one

Name..... Male Female

Work Phone.....Fax.....

What was hard about the Challenge?

.....
.....

What did you like about the Challenge?

.....
.....

For Week #2 & 3, what type(s) of physical activity did you do?

.....
.....

Comments (use back if you need more space):

.....
.....
.....

Check one ☐ each time you eat a fruit/vegetable serving. Check one ☐ when you do 5 minutes of physical activity.

This is my record for Week #	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Servings of Fruits/Vegetables	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Minutes of Physical Activity							

Compared to March, I ate _____ fruits and vegetables. Circle one ☐ more ☐ less ☐ the same amount of

Compared to March, I did _____ physical activity. Circle one ☐ more ☐ less ☐ the same amount of

Signature.....Date.....